

12-4-07
PART B - FEE(S) TRANSMITTAL

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DEC 03 2007

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Valeo Inc
Intellectual Property Department
4100 North Atlantic Boulevard
Auburn Hills, MI 48326

12/05/2007 WABDELR3 00000031 10525803

01 FC:1501 1440.00 OP
02 FC:1504 300.00 OP
03 FC:8001 00.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/525,803	07/19/2005	Pascal Guerrero	RFR0059	1167

CERTIFICATE OF EXPRESS MAIL
X CERTIFICATE OF MAILING OR TRANSMISSION
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Anne L. Kubit	(Depositor's name)
<i>Anne L. Kubit</i>	(Signature)
December 3, 2007	(Date)

TITLE OF INVENTION: HEAT EXCHANGE UNIT FOR A MOTOR VEHICLE AND SYSTEM COMPRISING SAID UNIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/10/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
WALBERG, TERESA J	3744	165-101000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Howard & Howard Attorneys, P.C. 1 _____ 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) -

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(A) NAME OF ASSIGNEE

Valeo Systems Thermiques

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Saint Denis, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2789 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David M. LaPrairie

Date December 3, 2007

Typed or printed name

David M. LaPrairie

Registration No. 46,295

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